Under	he Paperwork R	eduction Ac	of 1995, no per	SONS BIE (BOLETER	60	U.S. Pale	nt and Tra	Approved	for use th	rough 7/31/20	PTO/SB/06 (	
	PAIEN	I APPL	CATION F	EE DETERM	INATIO	N DECC	on of infor	uration m	Hess il dis	DEPARTMEN	NT OF COMM	
U.S. Patent and Trademark C PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Depleation of Operal Number			
- 1	C	LAIMS A	SFILED - P	ARTI					17	78	<u> 203</u>	
		(Co	lumn 1)	(Column	2)	SA	1011 Eve	P			HER THAN	
	BASIC FEE		NUMBER FILED			SMALL ENTITY		IIIY	OR	SMA	LL ENTITY	
(37 CFR 1.1	5(a))			NUMBER EXTRA		RAT	RATE FEE		1			
TOTAL CLA (37 CFR 1.1)	IMS S(c))					1	1,		1	RATE	FEE	
INDEPENDS	INDEPENDENT CLAIMS		minus 20 =			X S	<del></del>	==_	OR	<u> </u>	1:	
BI CIR I.IE	(0))		minus 3 a		$\neg$	1			OR	_ x s e		
MULTIPLE D	EPENDENT CLAI	M PRESENT				X 5	-		OR	X S &	<del>                                     </del>	
			1 OI N	1.16(d))		1 + 5	T		_		<del></del>	
- are differe	nce in column 1	is less than	zero, enter "0" i	n column 2.					OR	+5=		
1	CLAIMS	AS AMF	NDED - PAR	· ·		TOTAL	<u> </u>		OR	TOTAL		
W-10	^-		OLD - PAR	(1						•		
	(Cotun		(Cos	umn 2) (Catur	n 31							
3/	REMA	IMS INING	HIGH	EST	(	· SMAL	L ENTITY	<u> </u>	OR	OTHER SMALL	THAN	
330	AFT AMEND		NUM PREVIO	DUSLY FYTE	NT	RATE	ADI	21.	Γ	T	EMITTY	
S Total	1		PAID	FOR			TION	AL		RATE	ADDI: TIONAL	
Z Independer	<del></del>	0	1 4	0   -		25 =	1	-	$\vdash$		FEE	
Total O (37 CFR 1.16 O (37 CFR 1.16		<b>Z</b>	nus "7		$\neg r$		+		OR X	: <u>50</u> .		
FIRST PRE	SENTATION OF M	ULTIPLE DEF	ENDENT CLAIL		$\dashv$ $\vdash$	:/00 ·	<del> </del>	_] 。	OR X	. 200=	·	
/				(37 CFR 1.16(0))	_J Ŀ	1/BO.	1	Π,			<del></del>	
8/II/o	5	•				OTAL DD1 FEE		$\neg$	.70	360=		
	(Column CLAIMS		(Colum	n 2) (Column 3				۰ ا		D'L FEE		
E	REMAIND	IG.	HIGHES NUMBE	ir	7 —			_				
<u>ي</u> ا ا	AFTER AMENDME	NT	PREVIOUS	LY EXTRA	$\Pi$	RATE	ADDI-	1		1475		
COLOFR I.INCH	30	Minu	PAID FO	R	┨ ┝		TIONAL		-   '	RATE	ADDI- TIONAL	
Total  CI CFR 1.18(c)  Independent (J1 CFR 1.18(c))	1.07	Minus	1.40		]   x s	Z5 .		7	-		FEE	
Eiger poses	10		1 1/	-	$II^{-}$			- OR	_	50=	·	
TIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))								ÓR	X 82	200-		
					TOT.	<u> BO=</u>	$\angle$	OR	1+3	40.	$\overline{}$	
	(Column 1)				ADD	FEE (		OR	TOTA			
	CLAIMS	<del></del>	(Column 2)	(Column 3)		-		, ~	ADOL	FEE		
7	REMAINING AFTER	1	HIGHEST NUMBER	PRESENT				3			- 1	
Total	AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR	EXTRA	R		ADDI- TONAL		RAT	E 4		
Total (37 CFR (ler;))		Minus	",	+=	<b> </b>		FEE		1	- / ^-	DDI- DNAL	
(37 CFR 1.15(b))	•	Minus	***	11	x : 2	5 =	$\neg$	-	-		EE	
FIRST PROCESS	71011	<u> </u>			x s/0	0.		OR	x:50			
FIRST PRESENTA	TRUN OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	R 1.16(d))	-			OR	x : Z2	Ø-	1	
					+s/P			OR	+36	a		
If the entry in colu If the "Highest Nu	mn Lis less that	the entry is	n column 2 write	9 10° in aut.—	ADD1 F	EE		OR .	TOTAL			
If the Trighest Num If the Trighest Num The Trighest Num Ilection of Information	nber Previously	raid For IN Paid For IN	THIS SPACE	s less than 20, en	er "20".			<del>-</del> ,	ADD'L FE	E		
lection of informat	ion is required to	eid For (To	al or independe	s less than 20, ent less than 3, enter (nt) is the highest (	7 *3*.							

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.